

**U.S. Department of Justice**  
**Immigration and Naturalization Service**

OMB No. 1115-0136

**Employment Eligibility Verification**

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE.** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)			Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

☐ A citizen or national of the United States

☐ A Lawful Permanent Resident (Alien # A \_\_\_\_\_)

☐ An alien authorized to work until \_\_\_\_/\_\_\_\_/\_\_\_\_ (Alien # or Admission # \_\_\_\_\_)

Employee \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Address (Street Name and Number, City, State, Zip Code) \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____		_____		____/____/____
Document #: _____				
Expiration Date (if any): ____/____/____				

**CERTIFICATION** - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

Signature of Employer or Authorized Representative \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_

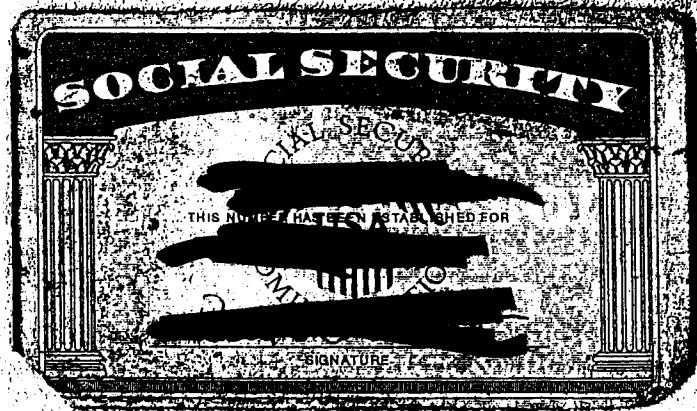
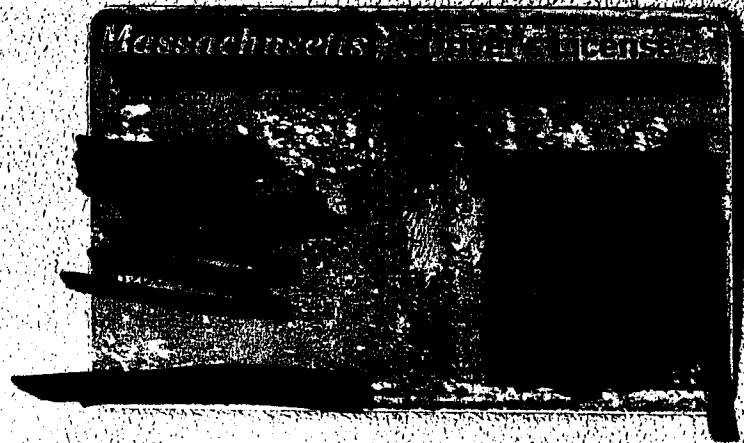
Business or Organization \_\_\_\_\_ Address (Street Name and Number) \_\_\_\_\_ State, Zip Code \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

**Section 3. Updating and Reverification.** To be completed and signed by employer

A. New Name (if applicable) _____	B. Date of rehire (month/day/year) (if applicable) _____
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____	Document #: _____
Expiration Date (if any): ____/____/____	

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_





**to send money**  
Para enviar dinero

**UNION**

www.westernunion.com

PLEASE PRINT / Por favor escriba

Preferred Customer No.

Número de Cliente Preferido

Sending Money to / Para enviar dinero a:

☐ USA ☐ International (excludes Mexico) / Internacionales (No incluye a Mexico)

Dollar amount in words\* / Cantidad de dólares con letra\*

Dollar amount\* / Cantidad en dólares\*

ONE HUNDRED & TWENTY NINE 00/100 \$ 129.00

When sending \$1,000 or more, you must provide proper identification and additional information.

Al enviar \$1,000 ó más, usted deberá presentar una identificación e información adicional.

Receiver

Destinatario

Sender's name

Nombre del remitente

Sender's telephone

Teléfono del remitente

Sender's address

Dirección del remitente

Expected payout location

Localidad donde se esperará el pago

If sending less than \$1,000 and the receiver does not have valid identification, complete the Test question and answer. (The maximum amount that can be picked up without I.D. is \$999.99.)

Si el envío es menos de \$1,000 y el destinatario no cuenta con una identificación válida, favor de anotar la pregunta de comprobación y la respuesta. (La cantidad máxima que el destinatario puede recoger sin presentar identificación es de \$999.99.)

Test question (limit 4 words) / Pregunta de Comprobación (límite 4 palabras):

Question / Pregunta

Answer / Respuesta

Optional services available at additional cost. Check services desired:

Opción de servicios disponibles por un costo adicional. Marque el servicio que desee:

☒ Include this message

Envíe este mensaje con dinero.

☐ I want a check delivered to the following address (selected International locations only):

Deseo que un cheque sea entregado a la siguiente dirección (solamente en selectas localidades internacionales)

☐ I want Western Union to telephone the receiver

Deseo que Western Union llame por teléfono al destinatario.

CERTAIN TERMS AND CONDITIONS GOVERNING THE MONEY TRANSFER SERVICE YOU HAVE SELECTED ARE SET FORTH ON THE BACK OF THIS FORM. BY SIGNING THIS FORM, YOU ARE AGREEING TO THOSE TERMS AND CONDITIONS.

\*IN ADDITION TO THE TRANSFER FEE, WESTERN UNION ALSO MAKES MONEY WHEN IT CHANGES YOUR DOLLARS INTO FOREIGN CURRENCY. PLEASE SEE REVERSE SIDE FOR MORE INFORMATION REGARDING CURRENCY EXCHANGE.

ALGUNOS TÉRMINOS Y CONDICIONES QUE RIGEN EL SERVICIO DE TRANSFERENCIA DE DINERO QUE USTED HA ELEGIDO, ESTÁN ESPECIFICADOS EN EL REVERSO DE ESTE FORMULARIO. AL FIRMARLO, USTED ESTÁ DE ACUERDO CON ESOS TÉRMINOS Y CONDICIONES.

\*ADEMÁS DE LOS CARGOS POR EL SERVICIO DE TRANSFERENCIA, WESTERN UNION GANA DINERO CUANDO CAMBIA SUS DÓLARES AMERICANOS POR MONEDA EXTRANJERA. POR FAVOR LEA EL REVERSO DE ESTE FORMULARIO PARA MÁS INFORMACIÓN SOBRE EL CAMBIO DE MONEDA.

Customer's signature

Firma del cliente

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DFMTOSNDB (05/03G)

Do not write in shaded area

No escriba en el área oscura

Operator number

Número de operador

Date

Fecha

Sent time

Hora de envío

I.D. type

Tipo de identificación

Number

Número

Date of birth

Fecha de nacimiento

Occupation

Ocupación

Social Security No. / Número de Seguro Social

Money Transfer Control Number

Número de control de transferencia

Amount

Cantidad

\$

Charge

Cargo

\$

Telephone or delivery charge

Cargo por entrega a domicilio o llamada telefónica

\$

Message charge

Cargo por el mensaje

\$

Tax

Impuesto

\$

Total amount collected

Cantidad total cobrada

\$

Rate of exchange\*

Tipo de cambio\*

Amount to be paid\*

Cantidad a pagar\*

**WESTERN  
UNION**

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DRCCTSHB (01/0  
7021G

SHAWB #198  
364 CHIEF JUSTICE CUSHING HWY  
COHASSET MA 02025

Oper ID: 070 Money Transfer Send  
01/14/05 Envio de Dinero  
1222P EST MTCN: 394-260-3820

Sender/Remitente: [REDACTED]  
Receiver/Destinataria: CARSTEN ELGDE

Available in/Disponible en: DENMARK  
Payout amount/Cantidad de pago: 709.18 KRONE  
Exchange Rate/Tipo de cambio: 5.4975245

Amount/Cantidad: \$ 129.00  
Charge(s)/Cargos:  
Service/Servicio: 22.00  
Total/Total: \$ 151.00



The currency and exchange rate has been set and is listed above.  
El tipo de cambio se ha establecido y se muestra en la parte de arriba

Agent Signature /  
Firma del Agente

Customer Signature /  
Firma del Cliente

CERTAIN TERMS AND CONDITIONS GOVERNING THIS TRANSACTION AND THE SERVICES YOU HAVE SELECTED ARE SET FORTH ON THE REVERSE SIDE. BY SIGNING THIS RECEIPT, YOU ARE AGREEING TO THOSE TERMS AND CONDITIONS. \*IN ADDITION TO THE TRANSFER FEE, WESTERN UNION ALSO MAKES MONEY WHEN IT CHANGES YOUR DOLLARS INTO FOREIGN CURRENCY. PLEASE SEE REVERSE SIDE FOR MORE INFORMATION REGARDING CURRENCY EXCHANGE. IF LISTED ABOVE, THE CURRENCY TO BE PAID OUT AND THE EXCHANGE RATE FOR YOUR TRANSACTION WERE DETERMINED AT THE TIME OF SEND. OTHERWISE, THE EXCHANGE RATE WILL BE SET WHEN THE RECEIVER RECEIVES THE FUNDS. PROTECT YOURSELF FROM CONSUMER FRAUD. BE CAREFUL WHEN A STRANGER ASKS YOU TO SEND MONEY.

ALGUNOS TÉRMINOS Y CONDICIONES QUE RIGEN ESTA TRANSACCIÓN Y LOS SERVICIOS QUE USTED HA SELECCIONADO SE ESTABLECEN AL REVERSO. AL FIRMAR ESTE RECIBO USTED ACEPTA DICHOS TÉRMINOS Y CONDICIONES. ADEMÁS DE LOS CARGOS POR EL SERVICIO DE TRANSFERENCIA, WESTERN UNION TAMBIÉN GANA DINERO CUANDO CAMBIA SUS DÓLARES A MONEDA EXTRANJERA. POR FAVOR LEA AL REVERSO MÁS INFORMACIÓN SOBRE EL CAMBIO DE MONEDA. SI APARECEN MÁS ARRIBA, LA MONEDA DE PAGO Y LA TASA DE CAMBIO DE SU TRANSACCIÓN SE DETERMINARON EN EL MOMENTO DEL ENVÍO. SI NO, LA TASA DE CAMBIO SE ESTABLECERÁ CUANDO EL DESTINATARIO RECIBA EL DINERO. PROTEJASE DE LAS ESTAFAS. TENGA CUIDADO CUANDO UN DESCONOCIDO LE PIDA QUE ENVÍE DINERO.



# MAPQUEST

Send To Printer [Back To Directions](#)

Start: [REDACTED]

End: [REDACTED]

Distance: 11.02 miles

Total Estimated Time: 16 minutes



classmates.com



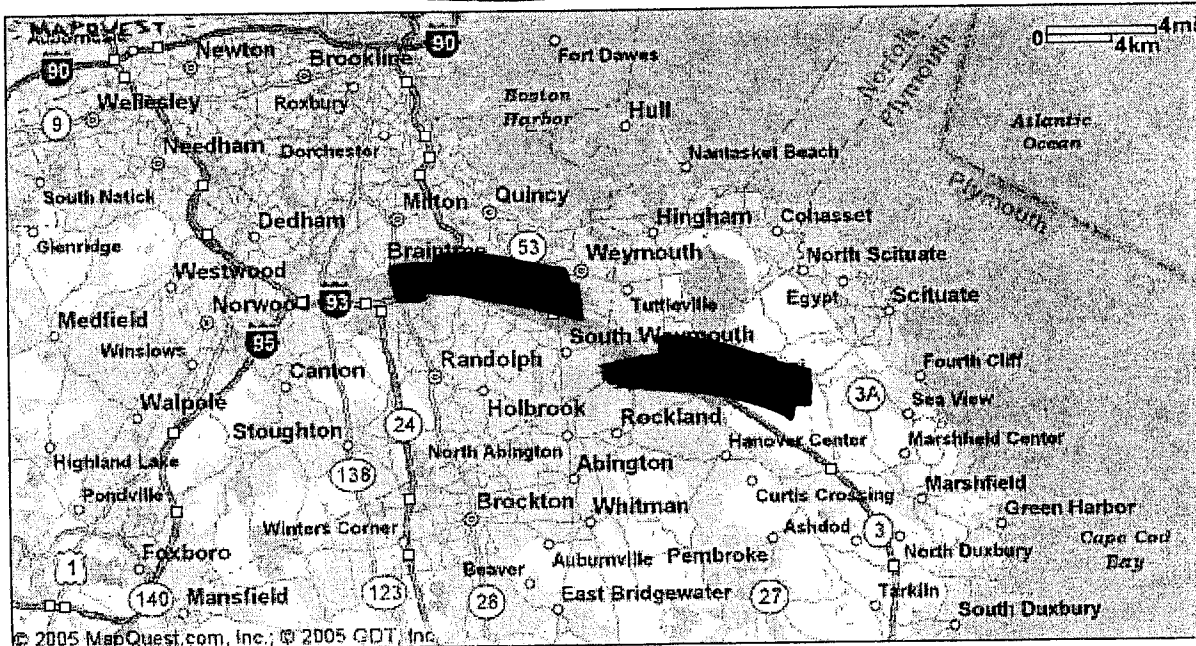
## Friends from School

[CLICK HERE](#) to find out what your old friends are up to...

## Reunite with friends from your past!

- Elementary School
- High School
- College
- Military

Directions	Distance
<b>START</b> 1. Start out going NORTHEAST on UNION ST toward IVORY ST.	0.2 miles
2. Enter next roundabout and take 1st exit.	0.3 miles
3. Stay STRAIGHT to go onto MA-3 S.	8.4 miles
4. Take the RT-53 N exit- EXIT 13- toward RT-123/NORWELL/HINGHAM.	0.2 miles
5. [REDACTED]	0.6 miles
6. [REDACTED] continue to follow MA-123	0.3 miles
7. [REDACTED] CORPS LN	0.6 miles
8. [REDACTED] 225 ST CT	<0.1 miles
9. Turn [REDACTED] CAPTAIN JOSHUA LN	<0.1 miles
<b>END</b> 10. [REDACTED] 45 Captain Joshua Ln, Norwell, MA 02061-1117 US	

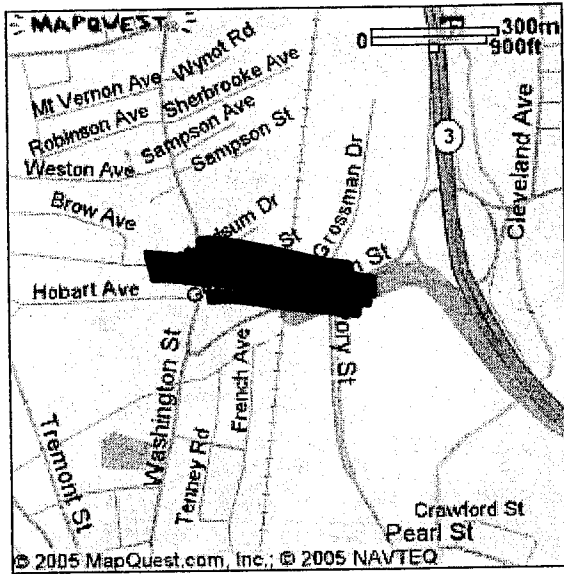


Start:  
Braintree, MA

End:  
45 Captain Joshua Ln



02184 US



Norwell, MA  
02061-1147 US



NAVTEQ  
ON BOARD

**Notes:**

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These directions are informational only. No  
representation is made or warranty given as  
to their content, road conditions or route  
usability or expeditiousness. User assumes  
all risk of use. MapQuest and its suppliers  
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delay resulting from such use.

**Form W-4 (2000)**

**Purpose.** Complete Form W-4 so your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7, and sign the form to validate it. Your exemption for 2000 expires February 16, 2001.

**Note:** You cannot claim exemption from withholding if (1) your income exceeds \$700 and includes more than \$250 of unearned income (e.g., interest and dividends) and (2) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized

deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. They will help you figure the number of withholding allowances you are entitled to claim. **However, you may claim fewer (or zero) allowances.**

**Child tax and higher education credits.** For details on adjusting withholding for these and other credits, see Pub. 919, How Do I Adjust My Tax Withholding?

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using **Form 1040-ES**, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

**Two earners/two jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 prepared for the highest paying job and zero allowances are claimed for the others.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2000. Get Pub. 919 especially if you used the **Two-Earner/Two-Job Worksheet** on page 2 and your earnings exceed \$150,000 (Single) or \$200,000 (Married).

**Recent name change?** If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 for a new social security card.

**Personal Allowances Worksheet (Keep for your records.)**

<p><b>A</b> Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .</p> <p><b>B</b> Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span></p> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.</li> </ul> <p><b>C</b> Enter "1" for your <b>spouse</b>. But, you may choose to enter -0- if you are married and have either a working spouse or more than one job. (Entering -0- may help you avoid having too little tax withheld.) . . . . .</p> <p><b>D</b> Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .</p> <p><b>E</b> Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .</p> <p><b>F</b> Enter "1" if you have at least \$1,500 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .</p> <p><b>G Child Tax Credit:</b></p> <ul style="list-style-type: none"> <li>• If your total income will be between \$18,000 and \$50,000 (\$23,000 and \$63,000 if married), enter "1" for each eligible child.</li> <li>• If your total income will be between \$50,000 and \$80,000 (\$63,000 and \$115,000 if married), enter "1" if you have two eligible children, enter "2" if you have three or four eligible children, or enter "3" if you have five or more eligible children.</li> </ul> <p><b>H</b> Add lines A through G and enter total here. <b>Note:</b> This may be different from the number of exemptions you claim on your tax return. ▶</p>	<p><b>A</b> <span style="background-color: black; color: black;">[REDACTED]</span></p> <p><b>B</b> <span style="background-color: black; color: black;">[REDACTED]</span></p> <p><b>C</b> <span style="background-color: black; color: black;">[REDACTED]</span></p> <p><b>D</b> <span style="background-color: black; color: black;">[REDACTED]</span></p> <p><b>E</b> <span style="background-color: black; color: black;">[REDACTED]</span></p> <p><b>F</b> <span style="background-color: black; color: black;">[REDACTED]</span></p> <p><b>G</b> <span style="background-color: black; color: black;">[REDACTED]</span></p> <p><b>H</b> <span style="background-color: black; color: black;">[REDACTED]</span></p>
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For accuracy, complete all worksheets that apply.

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single**, have **more than one job** and your combined earnings from all jobs exceed \$34,000, OR if you are **married** and have a **working spouse or more than one job** and the combined earnings from all jobs exceed \$60,000, see the **Two-Earner/Two-Job Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<b>Employee's Withholding Allowance Certificate</b> ▶ For Privacy Act and Paperwork Reduction Act Notice, see page 2.	OMB No. 1545-0010 <div style="font-size: 2em; border: 1px solid black; padding: 5px; display: inline-block;">2000</div>
1 Enter your first name and middle initial <span style="float: right;">Last name</span>		
2 Your social security number		
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but separated, or spouse is a nonresident alien, check the Single box.
City or town		4 If your last name differs from that on your social security card, check here. You must call 1-800-772-1213 for a new card. <input type="checkbox"/>
5 Number of allowances you are claiming (from line H above OR from the applicable worksheet on page 2)		6 Additional amount, if any, you want withheld from each paycheck
7 I claim exemption from withholding for 2000, and I certify that I meet <b>BOTH</b> of the following conditions for exemption: <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>ALL</b> Federal income tax withheld because I had <b>NO</b> tax liability <b>AND</b></li> <li>• This year I expect a refund of <b>ALL</b> Federal income tax withheld because I expect to have <b>NO</b> tax liability.</li> </ul> If you meet both conditions, write "EXEMPT" here		<div style="border: 1px solid black; width: 100px; height: 100px; background-color: #cccccc;"></div>
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.		
Employee's signature (Form is not valid unless you sign it)		Date
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number